

| | _ | RECORD | | WWC-5 | | 3306 | | sion of Wate | | | | | | | |
|---|--|-------------------|--|--------------|---------------|----------------|--------|---------------------------------|------------------------|---|-----------|-------------------|--|--|--|
| Original Record Correction Change in Well Use | | | | | | irces App. N | | Taurahin Neurah | er Range Number | | | | | | |
| 1LOCATION OF WATER WELL:FractionCounty:1/41/4 | | | | | | / <u>a 1/a</u> | | | | | | | | | |
| 2 WELL OWNER: Last Name: 74 74 74 74 74 2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, dist | | | | | | | | | | | | | | | |
| | | | | | | | | | | ection from nearest town or intersection): If at owner's address, check here: | | | | | |
| Address: | | | | | | | | | | | | | | | |
| Address: City: | | | State: | ZIP: | | | | | | | | | | | |
| 3 LOCATE WELL | | | | | | | | | | | | | | | |
| WITH "X" IN 4 DEPTH OF COMPLETED WELL: | | | | | | | | | | | | | | | |
| SECTIO | ECTION BOX: Depth(s) Groundwater Encountered: 1) | | | | | | | | | e: | | | | | |
| 1 | N $(1, 1, 2)$ $(1, 2$ | | | | | | | | | WGS 84 INAL | |] NAD 27 | | | |
| | | | below land surface, measured on (mo-day-yr) | | | | | | | Latitude/Longitude: unit make/model: | |) | | | |
| NW | NE | | above land surface, measured on (mo-day-yr) | | | | | | | WAAS enabled? | | | | | |
| | | - | Pump test data: Well water was ft. | | | | | □ Land Survey □ Topographic Map | | | p | | | | |
| W | E | after | after hours pumping | | | | | | | e Mapper: | | | | | |
| SW | SE | oftor | Well water was ft. | | | | | | | | | | | | |
| | | | after hours pumping gpm Estimated Yield:gpm | | | | | 6 Eleva | tion | :ft. | 🗌 Grou | und Level 🔲 TOC | | | |
| | S | | Bore Hole Diameter: in. to | | | | | and <u>Source</u> : Land Survey | | | GPS 🛛 | Topographic Map | | | |
| 1 r | nile | | in. to | | | | | | | | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | | | | | |
| 1. Domestic: 5. Public Water Supply: well ID | | | | | | | | | | | | | | | |
| | Household 6. Dewatering: how many wells? | | | | | | | | 11. Test Hole: well ID | | | | | | |
| Lawn a | Lawn & Garden 7. 🗌 Aquifer Recharge: well ID | | | | | | | | | al: how many bores | | | | | |
| 2. \Box Irrigati | Ξ ΰ | | | | | | | | | Loop \Box Horizonta | | | | | |
| 3. \Box Feedlo | | | | | | | | | | Loop \Box Surface Dis | | | | | |
| 4. 🗌 Industr | 4. Industrial Recovery Injection | | | | | | | 13. Other (specify): | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | | | | | |
| Water well disinfected? \square Yes \square No | | | | | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. | | | | | | | | | | | | | | | |
| Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No | | | | | | | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | | | | | | | | | |
| Brass | Steel Steel Fiberglass PVC Other (Specify) Dress Constant file Non-word (constant) Other (Specify) | | | | | | | | | | | | | | |
| | ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | | | | | | |
| | nuous Slot | ☐ Mill Slot | | auze Wrap | oed ∏T | orch Cut | 🗆 Dri | illed Holes | | Other (Specify) | | | | | |
| | | Key Puncl | | | | | | | | | | | | | |
| | | | | | | | | | | ft., From | | | | | |
| G | RAVEL PA | ACK INTERV | ALS: From | n | ft. to | ft., Fr | om | ft. to | o | ft., From | ft. | to ft. | | | |
| | | | | | | | | | | | | | | | |
| | | | | ft., From | ••••• | . ft. to | | ft., From | ••••• | ft. to | ft. | | | | |
| Nearest sou | | ble contaminati | on: Lateral Line | ы. Г |] Pit Privy | | ПΙ | livestock Pe | ne | ☐ Insectic | ide Stors | ane | | | |
| | | | Cess Pool | | Sewage L | agoon | | Fuel Storage | | | | | | | |
| | | ines 🔲 : | Seepage Pit | | Feedyard | | | Fertilizer Sto | orage | Oil Wel | | | | | |
| Other (| Specify) | | | | | | | | - | | | | | | |
| | | | | | ance from v | | | | | ft. | | | | | |
| 10 FROM | TO | I | ITHOLO | GIC LOG | | FRO | M | TO | LÍT | HO. LOG (cont.) or | PLUGG | ING INTERVALS | | | |
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| | | | | | | | | | | onstructed, reco | | | | | |
| under my ju | ter Wall C | and was compl | leted on (n | no-day-yea | ar) Thia W | ator Wall | and th | nis record i | is tru | te to the best of my | y knowl | edge and belief. | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | | | | | | | |
| under the business name of | | | | | | | | | | | | | | | |
| KS Departr | nent of Health | and Environment | , Bureau of V | Water, Geolo | gy Section, 1 | 000 SW Jac | kson S | st., Suite 420, | Tope | ka, Kansas 66612-136 | 7. Teleph | one 785-296-3565. | | | |
| Visit us at h | ttp://www.kd | heks.gov/waterwel | l/index.html | | | | | | | | | KSA 82a-1212 | | | |